09 FS-1





Rhode Island Ethics Commission

2009 YEARLY FINANCIAL STATEMENT

MARY ANN SHALLCROSS SMITH 6 TWIN RIVER ROAD LINCOLN RI 02865

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note	If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).
1.	NAME OF OFFICIAL COSS (EAST) (INITIAL)
2.	HOME ADDRESS (STREET) IN COLD RIC (CITY/TOWN) (ZIP CODE)
	MAILING ADDRESS (If different from home address)
3.	List Public Position(s) you hold and governmental unit: (PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)
	(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)
	I was elected on (date). I was appointed on (date). I was hired on (date).
	If you no longer hold a public position, state date of termination or resignation
4.	List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)
5.	List the following: NAME OF SPOUSE Suith

6.	List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)
	NAME OF FAMILY NAME AND ADDRESS DATES AND NATURE MEMBER EMPLOYED OF EMPLOYER OR OCCUPATION OF SERVICES RENDERED
- Company	Renald Schild Can (enjultants Mailitus Manapund Wann Am Stat of RI
7.	List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest. NAMES NATURE OF INTEREST ADDRESS OR DESCRIPTION But 13 Real Rt - Jumme Name 32 Endian Tet - Jittlephn Tet - Dicom Prepert 44 Suittleid Am Paul Tet - Incom Prepert My Hartford Pille - Foster Rt - Incom Prepert My Hartford Pille - Foster Rt - Incom Prepert
8.	List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.) NAME OF TRUSTEE AND ADDRESS: April April
	NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: Kut Stall Class And Jeful Chastaph Suite
9.	List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position. NAME OF FAMILY MEMBER NAME AND ADDRESS OF BUSINESS POSITION
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10.	 List the name and address of any interested person, or business entity, that made total gifts or total contribu- tions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10) 		
	NAME OF PERSON RECEIVING GIFT OR CONTRIBUTION		ND ADDRESS OF PERSON OR ENTITY NKING GIFT OR CONTRIBUTION
Pare	mon Amphalliess De R Beth Bayd 63 amhurst		
11.	11. List the name and address of any busines collectively holds a 10% or greater ownership	s in which you, your spouse interest, or a \$5,000 or greate	e, or dependent child individually or er ownership or investment interest.
	NAME OF FAMILY MEMBER		AME AND ADDRESS OF BUSINESS
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12.	 If any business listed in #11, above, did busine municipal agency, AND you are a member or ethe agency, list the following: 	ess in excess of a total of \$250	in calendar year 2009 with a state or ercise direct or legislative control over
12.	 If any business listed in #11, above, did busine municipal agency, AND you are a member or ethe agency, list the following: NAME AND ADDRESS OF BUSINESS 	ess in excess of a total of \$250 employee of the agency or exe	DATE AND NATURE
12.	 If any business listed in #11, above, did busine municipal agency, AND you are a member or exthe agency, list the following: NAME AND ADDRESS OF BUSINESS OF BUSINESS 	ess in excess of a total of \$250 employee of the agency or exe	DATE AND NATURE
12.	2. If any business listed in #11, above, did busine municipal agency, AND you are a member or a the agency, list the following: NAME AND ADDRESS OF BUSINESS CM CM CM	ess in excess of a total of \$250 employee of the agency or exe	DATE AND NATURE OF TRANSACTION LEAN LO CONTROL
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	 If any business listed in #11, above, did busine municipal agency, AND you are a member or of the agency, list the following: NAME AND ADDRESS OF BUSINESS OF BUSINESS	NAME OF AGENCY WAS COURSE OF A total of \$250 amployee of the agency or exercise in excess of a total of \$250 amployee of the agency or exercise are so at the agency or exercise.	DATE AND NATURE OF TRANSACTION Con de Chritise ct regulation by a state or municipal direct or legislative control over the
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	 If any business listed in #11, above, did busine municipal agency, AND you are a member or eithe agency, list the following: NAME AND ADDRESS OF BUSINESS Character and the property of the agency agency, AND you are a member or employed agency, list the following: 	NAME OF AGENCY WAS COURSE OF A total of \$250 amployee of the agency or exercise in excess of a total of \$250 amployee of the agency or exercise are so at the agency or exercise.	DATE AND NATURE OF TRANSACTION Con de Chritise ct regulation by a state or municipal direct or legislative control over the

14.	interest or a \$5,000 or greater ownership or indate you file this statement AND if said but	ndividually or collectively acquired or divested a 10% ownership nivestment interest in a business after January 1, 2010 and before the siness was regulated by a state or municipal agency of which you not you exercise direct or legislative authority, list the following:
	NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST (NOT AMOUNT)
	net as of 1/10	AND DATE ACQUIRED AND/OR DIVESTED
	Yies de l'	
	NAME OF REGULATING AGENCY	HOW REGULATED
15.	a \$5,000 or greater ownership or investment file this statement, which did business in ex	dually or collectively acquired or divested a 10% ownership interest or interest in a business after January 1, 2010 and before the date you cess of \$250 with a state or municipal agency of which you are an xercise direct or legislative authority, list the following:
	OF BUSINESS DATE	DESCRIPTION OF INTEREST NAME OF STATE E ACQUIRED AND/OR DIVESTED OR MUNICIPAL AGENCY DO NOT INCLUDE AMOUNT)
	United States where such indebtedness is	guinity, or (ii) a financial institution regulated by any state or by the secured solely by a mortgage of record on real property used exclu- any indebtedness arising from transactions involving credit cards,
	NAME AND ADDRESS OF DEBTOR	NAME AND ADDRESS OF LENDER
فتهجور	not apply	
	presented as to the financial information and in children. I acknowledge that I may request an	ncial Statement is a complete and accurate response to the questions nterests during the year 2009 of myself, my spouse, and my dependent advisory opinion from the Ethics Commission as to my conduct under of the Code of Ethics will be provided to me at no cost upon request
	State of Rhode Island County of Providence	SIGNATURE SIGNATURE
		Pairwell RIGIRW this 30 day of April 2010.
	My Commission expires: 10/1/20	B SIGNATURE OF NOTARY BURIES
	•	ED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY

QUESTION IS NOT ANSWERED.